MEDSIS User Guide for Healthcare Facilities

Overdose and Neonatal Abstinence Syndrome Reporting

Table of Contents

Introduction

The Medical Electronic Disease Surveillance Intelligence System (MEDSIS) is a secure web-based, centralized, person-based disease surveillance system for Arizona. MEDSIS is a statewide system hosted and supported by the Arizona Department of Health Services for use by local and tribal health departments for disease surveillance, and for individuals and institutions responsible for reporting communicable diseases. A list of current reportable diseases may be found in Appendix A & Appendix B and at http://azdhs.gov/phs/oids/pdf/rptlist.pdf. This HIPAA-compliant system was developed in partnership with local health agencies to enhance disease surveillance and detection of potential outbreaks. MEDSIS is integrated into the Health Services Portal (HSP) and thus, can take advantage of secure e-mail communications, secure data messaging and translation services, role-based public health directory, and backup systems' capacities.

MEDSIS can be used to report all communicable diseases as listed in the reportable disease list EXCEPT Sexually Transmitted Diseases (STD) and HIV. These communicable diseases must be reported to public health in accordance to STD and HIV Programs Policies & Procedures.

Functionalities include:

- Entry of cases directly into system by county and tribal health departments, infection control practitioners, and Arizona Department of Health Services (ADHS)
- Immediate jurisdiction-specific viewing of reported or submitted cases
- Search for cases or patients
- Generation of reports

Overdose and Neonatal Abstinence Syndrome Reporting

On June 5th, 2017, Governor Ducey declared a public health emergency in response to the alarming increase in opioid overdoses and deaths in Arizona. This declaration necessitates a rapid response and intervention with targeted solutions, including an enhanced surveillance advisory to allow the Arizona Department of Health Services to rapidly collect essential data in real-time in order to facilitate the implementation of more efficient prevention efforts.

MEDSIS will be used by healthcare providers and facilities for the reporting of suspected opioid overdoses (with or without fatality) and neonatal abstinence syndrome. This user guide provides step-by-step instructions for gaining access and reporting cases into the electronic surveillance system. As of June 13th, 2017, the following morbidities have been added to the system to facilitate reporting:

1. Overdose Related Events with Fatality
2. Overdose Related Events without Fatality
3. Neonatal Abstinence Syndrome

Abbreviations, Definitions, Roles, and Icons

MEDSIS Abbreviations and Definitions

Abbreviations:

CMR: Confidential Morbidity Report – Electronic version of CDR

CDR: Communicable Disease Report

Morbidity: Reportable disease or condition

Definitions: System Dates

- *Onset Date*: Date of symptom onset
- *Diagnosis Date*: Date reportable condition was diagnosed by a health care worker
- *Date Collected*: Date specimen was collected for laboratory testing
- *Test Result Date*: Date of final laboratory test results for a given specimen
- *Event Date:* Earliest date of Onset Date, Date Collected, Result Date, or Diagnosis Date
- *Date Reported to County*: Date Local Public Health was notified of case
- *Date Reported to ADHS*: Date ADHS was notified of case
- *Date Entered into MEDSIS*: Date PHC was entered into MEDSIS

Definitions: System Actions

Report to Public Health: Action of sending the CMR to local public health

Definitions: System Person

Provider: Health care worker who diagnoses and/or provides medical care for the case-patient with the reportable disease or condition

Reporter: Person who reports the PHC to Public Health. The Reporter is typically associated with a healthcare facility or laboratory.

Roles and Associated Functionalities

Non-Public Health Care reporter Data Entry (DE) Role:

1. Enter Public Health Cases (PHC) and Submit to county or tribal public health organizations. Capable only of searching the cases entered by that reporting facility
2. View Communicable Disease Reports (CDR) of Public Health Cases reported by facility
3. Reports: Run reports on PHCs reported by facility

Icons Used within MEDSIS

Edit: This   icon is used throughout the application to indicate where a user can open a record for editing.

Delete: This   icon is used throughout the application to indicate where a user can delete a record or an association.

Select: This   icon is used throughout the application to indicate where a user can select a record.

New User Requests (Expedited)

Current MEDSIS Policies and Procedures states that each requested MEDSIS user must be approved by their respective local MEDSIS liaison. Due to the urgency for the implementation of overdose reporting, new user approvals will be expedited by ADHS. All communications regarding account creation and communication will include the local MEDSIS liaisons in order to keep distribution lists updated. Further communication regarding MEDSIS will be disseminated through the MEDSIS liaisons.

New users are encouraged to reach out to local MEDSIS liaisons for assistance regarding technical use of the system.

1. Sign & date the Health Services Portal (HSP) user agreement
   a. Electronic signatures will NOT be processed. Signatures must be handwritten
2. Return the signed user agreement to the HSP Help Desk by e-mail (helpdesk@siren.az.gov; Subject Line: **MEDSIS Overdose Reporting Request**) or by fax to 602-364-3681 (**Attn: MEDSIS Overdose Reporting Request)**
3. User credentials (username and password) will be sent directly to the requesting user as well as local MEDSIS liaisons
   a. Further communications regarding MEDSIS will be disseminated by local MEDSIS liaison(s)

Getting into MEDSIS

1. Navigate to the Health Services Portal (HSP) website: https://my.health.azdhs.gov
2. Log in to HSP. If further assistance is needed, please contact HSP Technical Support at helpdesk@siren.az.gov
3. To enter the MEDSIS application, click on the MEDSIS (Production) icon
4. Users will be prompted to log in again using the same HSP username and password before accessing the application
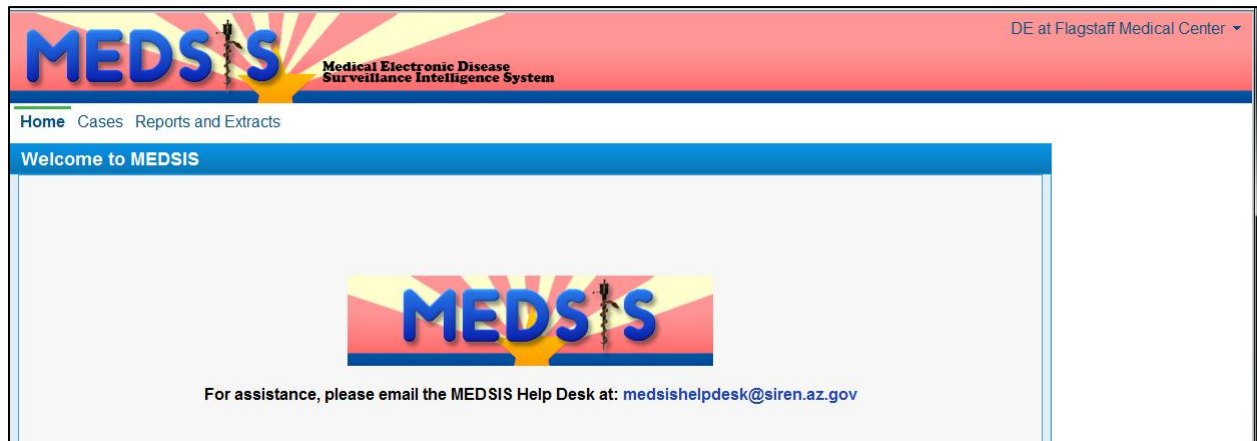
5. There are 3 high level options available on the MEDSIS Home Page:
   a. Home Page – quick access to the home page
   b. Cases – to view cases entered by the healthcare facility or enter new cases
   c. Reports & Extracts – to generate reports or export data as an extract for analysis

Communicable Disease Reports (CDR)

PHCs that have been reported to local public health organizations by a healthcare facility may only be viewed as Communicable Disease Reports.

Viewing Communicable Disease Reports (CDR)

To view a CDR, click on the PHC from the Case list by clicking on the Patient Name or the MEDSIS ID.

A pop up window will appear with basic patient and case information.

To close the CDR window, click on "Close" located in the upper left corner of the CDR

Printing a CDR

To print a CDR, click on "Print" located in the upper left corner of the CDR.

A Print Dialog Box will appear
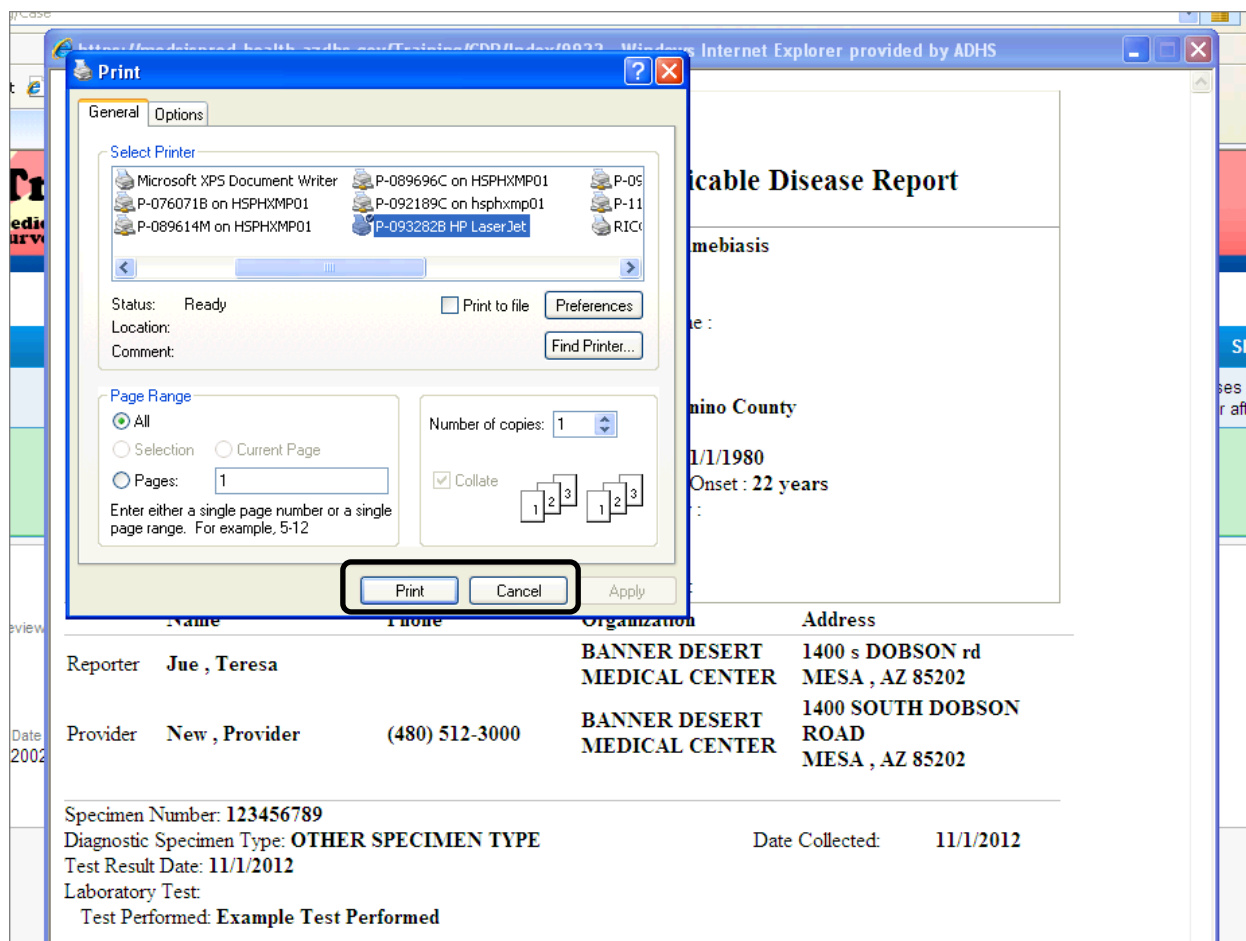
Click on "Print" to print the CDR screen or "Cancel" to return to the CDR view without printing

Click on "Close" located in the upper left corner of the window to close the window

Navigating the Public Health New Case Entry Screen

The PHC consists of 4 main sections:

1. Patient Details
2. Case Details
3. Provider
4. Reporter

The right side tree menu allows users to easily navigate throughout PHC by clicking on the name of the section. Several sections within the right side tree menu are defaulted to collapsed, to expand these sections, **double click on the "+" icon located to the left of the section name or single click on the section name**. Collapsible sections within the right side tree menu include:

- Patient Details
- Case Details

Public Health Case (PHC) Entry

**Reporting of suspected overdose related events with or without fatality and Neonatal Abstinence Syndrome shall be provided to public health within 24 hours of initial identification.

Reports shall be submitted by healthcare reporters electronically through the Medical Electronic Disease Surveillance Intelligence System (MEDSIS)**

1. Optional: Ensure PHC was not previously entered by or reported to local public health, by reviewing the case list on the Cases screen

Use the Search Filter Criteria and Sort Filter Criteria options to limit the number of cases being displayed on the screen.

1. Click on the "Enter New Case" located above the Search Menu Tree.

2. In the Patient Search Screen, enter search criteria in at least one of the available fields (Patient First Name, Patient Last Name, Date of Birth)

Click on "Search" to display existing patient records and associated cases or "Cancel" to return to the Cases screen

Healthcare users are limited to searching for person and case records that have been previously reported by their facility

3. Review the search results to determine if the person to be entered matches any existing patient records

If the patient to be entered DOES NOT appear in the list, "New Patient" and skip to step 5
If the patient to be entered DOES appear in the list, proceed to step 4
To go back to the patient search screen, click on "Cancel"

4. If the patient appears in the search results, click on "Select" to open the New Case Entry Form

	First Name	Middle Name	Last Name	Date of Birth	Gender	
Select	Case		Example		Male	, , AZ
Cases:						

MEDSIS ID	Morbidity	Event Date	Report Date	Reporter
16-2796439	Elevated Blood Lead - Child (< 16 years)	12/7/2016	12/8/2016	Teresa Jue

	First Name	Middle Name	Last Name	Date of Birth	Gender	
Select	Case 1		Example	1/1/2000	Male	, , AZ
Cases:						

MEDSIS ID	Morbidity	Event Date	Report Date	Reporter
17-2798904	Overdose Related Events without Fatality	6/12/2017	6/12/2017	Teresa Jue

	First Name	Middle Name	Last Name	Date of Birth	Gender	
Select	One		Example	1/1/2000	Unknown	, , AZ
Cases:						

MEDSIS ID	Morbidity	Event Date	Report Date	Reporter
17-2798584	Overdose Related Events with Fatality	6/7/2017	6/8/2017	Teresa Jue

	First Name	Middle Name	Last Name	Date of Birth	Gender	
Select	Two		Example		Male	, , AZ
Cases:						

MEDSIS ID	Morbidity	Event Date	Report Date	Reporter
17-2798759	Overdose Related Events with Fatality	6/7/2017	6/8/2017	Teresa Jue

5. Enter applicable data on the New Case Entry Form by scrolling or tabbing through the relevant fields.

Summary

Prefix --Select-- *First Middle *Last Suffix --Select--

*Gender --Select-- Date of Birth ☑ Date of Birth is unknown

Contact

Home Address
Street Unit
City State Arizona
ZIP Code
County --Select--
Country United States Reservation
Notes
Phone Number
Phone Notes

Work Address
Business Name
Street Unit
City State Arizona
ZIP Code
County --Select--
Country United States Reservation
Notes
Phone Number
Phone Notes

Next of Kin

Primary	Name	Relationship	Address	Phone/Emails	Comments

Prefix *First Middle *Last Suffix
Relationship Primary next of kin?
Same as patient primary address
Organization Name
Street Unit
City State ZIP Code Country County
Home Phone Work Phone Cell Phone Other Phone
E-mail address
Comments

Save Cancel

Demographics

Occupation --Select--
School Name
Living Situation --Select-- Race Category Ethnic Group Tribal Affiliation
Primary Language Can Interview in English? Died? Yes Date of Death Death Certificate Number

Insurance

Edit	Primary	Funding Source/Insurance Type	Insurance ID	Plan Name	Notes

Funding Source/Insurance Type Primary for this case?
Plan Name
Notes

Save Cancel

Morbidity

Morbidity Neonatal Abstinence Syndrome Onset Date Diagnosis Date Event Date
Age at Onset Age Unit years Medical Record Number
Comments

Labs and Observations   Cancel Save

	ELR Report	Date Collected	Test Result Date	Specimen Number	Specimen Type	Test Performed	Test Results	Notes

Add/Edit Observation
Specimen Number Specimen Type
*Test Performed Neonatal Abstinence Syndrome   *Test Results Neonatal Abstinence Syndrome
Date Collected Test Result Date
Type of hospitalization
Identify all confirmatory test(s) ordered for the patient (select all that apply)
Hair Urine Meconium Umbilical cord Other Specify
Does the patient have clinical signs consistent with NAS?

Are any other supportive elements for diagnosis present? (check all that apply)
Maternal history of substance abuse known to cause NAS
Positive maternal screening test for substance abuse known to cause NAS
Positive neonatal screening test for substance abuse known to cause NAS

What is the source of the substance causing NAS, if known? (check all that apply)
Maternal supervised replacement therapy (prescription drug obtained with prescription)
Maternal supervised pain therapy (prescription drug obtained with a prescription)
Maternal therapy for psychiatric or neurological condition (prescription drug obtained with a prescription)
Maternal use of prescription substance obtained without a prescription

Prescription drug used without prescription
Benzodiazepine Carisoprodol Fentanyl Hydrocodone Morphine Oxycodone Tramadol
Other If other, specify
Maternal use of non-prescription substance

Maternal use of non-prescription substance
Methamphetamine Cocaine Heroin Marijuana MDMA/Ecstasy Synthetic cannaboid
Other If other, specify

Unknown exposure but clinically consistent with NAS
Signs consistent with NAS (select this option only if no other options are selected)

Was the mother's prescription history checked in the prescription drug registry (PDMP) Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery?
Notes

Attachments
New Attachment

Provider
Last Name First Name Healthcare Facility ☑ Outside Jurisdiction Country
Date
Search

Reporter
Reporting Organization
BANNER GOOD SAMARITAN MEDICAL CENTER
Street
1111 EAST MCDOWELL RD
Unit City State ZIP Code
PHOENIX AZ 85006
First Name Last Name Report Date
Teresa Joe 8/13/2017

Continue Cancel

Applicable data include details about the PHC, including morbidity, labs & observations, provider information, and reporter information.

Required fields include Patient First Name, Patient Last Name, Patient Gender (can be Unknown), Patient Date of Birth (can be Unknown,) Morbidity, at least 1 observation record, an associated Reporter, and **at least one of the following 4 dates**:

- Onset Date ****Date of overdose should be entered into this field****
- Diagnosis Date
- Date Collected (for at least 1 observation)
- Result Date (for at least 1 observation)

Dates can be entered using the Calendar which pops up when clicking into the date field or manually using the MM/DD/YYYY format. Event date is an auto-calculated field and is the earliest date associated with the case.

Patient Details

The Patient Details section consists of the five subsections:

1. Summary
2. Contact Information
3. Next of Kin
4. Demographics
5. Insurance

Summary

The Summary section allows for basic patient information to be entered into the New Case Entry Form.

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Patient Prefix	Doctor Mr. Mrs. Ms.	
2	Patient First Name		*REQUIRED FIELD* The patient first name displayed in this section is the patient's primary name associated with the patient record.
3	Patient Middle Name		The patient middle name displayed in this section is the patient primary name associated with the patient record

4	Patient Last Name		*REQUIRED FIELD The patient last name displayed in this section is the patient primary name associated with the patient record
5	Patient Suffix	Junior Medical Doctor MPH PHD Second Senior Third	
6	Patient Gender	Male Female Unknown	*REQUIRED FIELD* Patient Gender is a required field but may be "Unknown"
7	Patient Date of Birth (DOB)		MM/DD/YYYY Format
8	Pregnant	Yes No Unknown	This field will only display if Patient Gender is "Female"

Contact Information

The Contact Information section allows for basic patient contact information to be entered into the New Case Entry Form. Only one home address and one work address may be entered in the New Case Entry Form. If additional contact information is available, users should enter the information into the Comments Section of the New Case Entry Screen.

County is **required** for new cases entered by Health Care Facilities

County is based on the following:

- County or Tribal Reservation of case-patient's self-defined primary residence, if available, ELSE
- County or Tribal Reservation of case-patient's mailing address, if available, ELSE
- County or Tribal Reservation of case-patient's physician's office, if available, ELSE
- County or Tribal Reservation of clinic/hospital where case-patient was admitted, if available, ELSE,
- County of Tribal Reservation of laboratory that performed diagnostic testing on specimens from case-patient

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Street		Patient street address
2	Unit		Patient address unit
2a	Business Name		Work Address Business Name
3	City		Patient City
4	State	State Drop Down	Patient State

This drop down list is populated depending on the Country field |
| 5 | Zip | | Patient Zip Code |
| 6 | County | County Drop Down | Patient County

This drop down list is populated depending on the State field

REQUIRED FIELD
County is required for PHCs entered by Health Care Facilities reporting to Tribal Public Health Organizations |
| 7 | Country | International United States Mexico | |
| 8 | Reservation | Ak-Chin Cocopah Colorado River Fort McDowell Fort Mohave Fort Yuma-Quechan Gila River Havasupai Hopi Hualapai Kaibab-Paiute | This field does NOT apply to tribal affiliation. This field is meant to be describe the physical location of the patient during the time of illness

Tribal affiliation may be entered as part of the patient demographics in the following section. |

		Navajo Nation Out of State Pasqua Yaqui Salt River Pima – Maricopa San Carlos Apache San Xavier Tohono O'Odham Tonto Apache Unknown White Mountain Yavapai Apache Yavapai-Prescott Zuni	
9	Address Notes		This field can be used to describe any additional information associated with an address. 2000 character maximum
10	Phone Number		(###) ###-#### Suggested Format
11	Phone Number Notes		This field can be used to describe any additional information associated a phone number. 2000 character maximum

If users are entering a new case for an existing patient record and the existing contact information is no longer accurate, users may click on the "Create a new primary" radio button to open a new data entry form for the specific section or select from other existing addresses.

Historical contact information will continue to be available, however new contact information added during the new case entry process will automatically be assigned as the primary for that specific case.

Next of Kin

The Next of Kin section allows users to enter contact information for the patient's next of kin.

To enter a record into the Next of Kin section, click on "Add" to display the data entry form.

1. Enter information into the Next of Kin data entry form

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Prefix	Doctor Mr. Mrs. Ms.	
2	First		*REQUIRED FIELD* Next of kin First Name
3	Middle		Next of kin Middle Name
4	Last		*REQUIRED FIELD* Next of kin Last Name
5	Suffix	Junior Medical Doctor MPH PHD Second Senior Third	
6	Relationship		Associate Brother Care giver Child Emergency contact Employee Employer Extended family Father Foster child Friend Grandchild Grandparent Guardian Handicapped dependent Life partner

			Manager
			Mother
			Natural child
			None
			Other
			Other adult
			Owner
			Parent
			Self
			Sibling
			Sister
			Spouse
			Stepchild
			Trainer
			Unknown
			Ward of court
7	Primary next of kin?	Checkbox	Checked if primary next of kin
8	Same as patient primary address	Checkbox	Check if next of kin has the same address as patient
9	Organization Name		
10	Street		
11	Unit		
12	City		Next of kin city
13	State		Next of kin state This drop down list is populated depending on the Country field
14	ZIP code		Next of kin zip code
15	Country		Patient Country
16	County		Next of kin County This drop down list is populated depending on the State field
17	Home Phone		(###) ###-#### Suggested Format
18	Work Phone		(###) ###-#### Suggested Format
19	Call Phone		(###) ###-#### Suggested Format
20	Other Phone		(###) ###-#### Suggested Format
21	E-mail address		
22	Comments		This field can be used to describe any additional information associated to the next of kin 2000 character maximum

2. When all information has been entered into the form for a single next of kin record, click on "Save" located in the upper right hand corner of the section, or "Cancel" to close the data entry form without saving the record

3. When a next of kin record has been saved, it will display in the Next of Kin table.

4. Users may enter additional next of kin records following the same procedure above or continue to the Demographics Section.

   Users may edit or delete existing next of kin records in the table by clicking on the edit icons located in the first column of the record row. To edit the existing next of kin row, click on the icon to expand the data entry form and edit the field.

   Click on "Save" to save all changes to the next of kin record or "Cancel" to close the data entry form without saving changes to the next of kin record.

   To delete an existing next of kin record, click on the icon. A dialog box will appear to confirm that the record should be deleted. Click on "OK" to delete the next of kin record of "Cancel" to return to the section without deleting the record.

Demographics

The Demographics section allows for basic patient demographic information to be entered into the New Case Entry Form.

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Occupation	Food Handler, Healthcare Worker, and School/Daycare Worker have been listed at the top of this drop down menu	Bureau of Labor Statistics List

If an occupation is not listed, users should enter occupational information in the Comments Section. |
| 2 | School Name | | Intellisense field

Options will display once the user starts typing into the field. |
2a	Other "If Other, Specify School"		If the School Name is not an available choice within the drop down list, users may choose "Other" and specify the School Name in the "Other" field
3	Living Situation	Correctional Facility Crisis Center Homeless Hospital Long Term Care Military Base Multi-Family Dwelling Residential Rehab/Halfway House Residential School Single Family Housing Unknown	
4	Race	American Indian or Native Alaskan Asian Black Hawaiian or Pacific Islander Other White	
5	Ethnic Group	Hispanic or Latino Not Hispanic or Latino Unknown	
6	Tribal Affiliation	Ak-Chin Cocopah Colorado River	Please select tribal affiliation regardless of patient's current residence

		Fort McDowell Fort Mohave Fort Yuma-Quechan Gila River Havasupai Hopi Hualapai Kaibab-Paiute Navajo Nation Out of State Pasqua Yaqui Salt River Pima – Maricopa San Carlos Apache San Xavier Tohono O'Odham Tonto Apache Unknown White Mountain Yavapai Apache Yavapai-Prescott Zuni	
7	Primary Language	Language List	Please see data dictionary for list of available language options
8	Can Interview in English?	Yes No	
9	Died	Yes No	This field indicates whether or not the patient is deceased, regardless of disease outcome. If disease outcome is "Died," this field will automatically update to "Yes."
9a	Date of Death		If Died is "Yes," the Date of Death field will become visible MM/DD/YYYY Format
9b	Death Certificate Number		If Died is "Yes," the Death Certificate Number field will become visible

Insurance

The Insurance section allows for basic insurance information to be entered into the New Case Entry Form.

To enter a record into the Insurance section, click on "Add" to display the data entry form.

Insurance					Add
Edit	Primary	Funding Source/Insurance Type	Insurance ID	Plan Name	Notes

1. Enter information into the Next of Kin data entry form

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Funding Source/ Insurance Type	Public Insurance Private Insurance Self-pay Workplace monitoring Other Unknown	
2	Primary for this case?		Check if record is the patient's primary insurance plan
3	Plan Name		Intellisense field Options will display once user enters text into this field. If the plan name does not exist, select Other to enter a new plan name. New plan names will be added to the dropdown list for future entry
4	Note		This field can be used to describe any additional information associated to the patient's insurance 2000 character maximum

2. When all information has been entered into the form for an insurance record, click on "Save" located in the upper right hand corner of the section, or "Cancel" to close the data entry form without saving the record

3. When an insurance record has been saved, it will display in the Insurance table.

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4. Users may enter additional Insurance records following the same procedure above or continue to the Case Details Section.

   Users may edit or delete existing insurance records in the table by clicking on the edit icons located in the first column of the record row. To edit the existing insurance row, click on the icon to expand the data entry form and edit the field.

   Click on "Save" to save all changes to the next of kin record or "Cancel" to close the data entry form without saving changes to the insurance record.

   To delete an existing insurance record, click on the icon. A dialog box will appear to confirm that the record should be deleted. Click on "OK" to delete the next of kin record of "Cancel" to return to the section without deleting the record.

Case Details

The Case Details section consists of 2 subsections:

1. Morbidity
2. Labs & Observations

Morbidity

This section displays the Morbidity and PHC associated dates

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Morbidity	*For Enhanced Surveillance:* Overdose Related Events with Fatality Overdose Related Events without Fatality Neonatal Abstinence Syndrome	

2	Onset Date		Date of overdose MM/DD/YYYY Format
3	Diagnosis Date		Date reportable condition was diagnosed by a health care worker MM/DD/YYYY Format
4	Event Date		*NOT EDITABLE* This date is calculated as the earliest date of Onset Date, Date Collected, Result Date, Diagnosis Date, Date Reported to County, Date Submitted to State, Date Reported to ADHS, or Date entered into MEDSIS and cannot be edited within the PHC.
5	Age at Onset		If Patient Date of Birth is unknown, users may enter the patient's age at disease onset.
5a	Age at Onset – Age Unit	Unknown Days Weeks Months Years	Age at Onset Unit
6	Medical Record Number		

Comments

The Comments section allows users to enter any other information related to the PHC that does not have a field. Examples include additional occupational information, demographic or contact information, or medical record information.

Labs & Observations

The Labs & Observations section allows users to enter multiple labs & observations associated with the New Case Entry Form. One row in the Labs & Observations table represents a single observation.

A morbidity **must be selected prior to adding a lab observation to a case**

Cases will not be saved unless *at least one observation* has been entered into the table. Entry of certain cases may not have laboratory results. Users should enter "PENDING" or symptom information into the Test Result field.

To enter a lab result into the Labs and Observations Section, click on "Add" to display the data entry form.

Labs and Observations							Add
ELR Report	Date Collected	Test Result Date	Specimen Number	Specimen Type	Test Performed	Test Results	Notes

1. Enter information into the Labs & Observations data entry form

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Specimen Number		
2	Specimen Type	Bronch/BAL CSF Lymphnode NP Swab Other Serum Sputum Stool Urine Whole Blood	If the specimen type is not listed, choose 'Other' and a specify field will appear in the form
2a	Specimen Type – If Other, Specify		Enter the specimen type if it is not an available in the drop down options
3	Test Performed	Overdose Related Event without Fatality Overdose Related Event with Fatality Neonatal Abstinence Syndrome	*REQUIRED FIELD* Name of selected morbidity
4	Test Result	Overdose Related Event without Fatality Overdose Related Event with Fatality Neonatal Abstinence Syndrome	*REQUIRED FIELD* Name of selected morbidity
5	Date Collected		Date the specimen was collected for this test MM/DD/YYYY Format
6	Test Result Date		The date the test result was finalized MM/DD/YYYY Format
7	Notes		Any relevant information in regards to this lab. 1000 Character limit

Additional information is also requested specifically for suspected overdose and neonatal abstinence syndrome reporting. This information is not required to report the case to public health.

For Overdose Related Event with or without fatality:

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Clinical Presentation	Opioid Not Opioid	
2	Reporter Type	Hospital Urgent Care Medical Examiner	

		Behavioral Health Substance Abuse Rehabilitation Centers Pharmacy Corrections Long Term Care/Assisted Living Hospice Other	
2a	If other, specify:		If reporter type not an available in the drop down option, enter the reporter type into the other specify field
3	What drug(s) appear to be responsible for overdose?		
3a	Heroin Fentanyl Oxycodone Hydrocodone Tramadol Methadone Other Opiate Medication Methamphetamine Marijuana Cocaine Benzodiazepine Unknown		Select all that apply
3b	Other, Specify:		Specify drug name if checkbox is not available
4	Was alcohol consumed by patient?	Yes No Unknown	
4a	If yes, blood alcohol level?		
5	Where did patient overdose?	Home Work School Business Public Place Health Care Facility Other Jail/Prison/Detention Shelter Military Installation Tribal Lands Unknown	
5a	Specify:		Describe the location where the patient overdosed
6	Was patient recently (within the past 90 days) prescribed opioids or other controlled substances?	Yes No Unknown	
7	Was patient alone at time of overdose?	Yes No Unknown	
8	Was Naloxone/Narcan administered prior to arrival at your facility?	Yes No Unknown	

8a	If yes:		Sub-Header
9	By whom?	Emergency Medical Services Law Enforcement Other Health Care Professional Bystander / Layperson Other	
9a	If other, specify:		If other is select, specify
10	How many doses?	1 dose 2 doses 3 doses 4 doses 5 or more doses	
11	Was Naloxone/Narcan administered by you / your entity?	Yes No Unknown	
11a	If yes:		Sub-Header
12	How many doses?	1 dose 2 doses 3 doses 4 doses 5 or more doses	
13	Does overdose appear to be unintentional or suicide/suicide attempt?	Unintentional Suicide/Suicide Attempt Unknown	
14	Did the patient have pre-existing health conditions (e.g. chronic pain, depression) that may have increased the risk of overdose?	Yes No Unknown	
14a	If yes, specify:		
15	Is this the first known overdose for this patient?	Yes No Unknown	
15a	If no, how many others have occurred?		
16	Was the patient referred to behavioral health services?	Yes No Unknown	
17	Notes		Any relevant information in regards to this event 1000 Character limit

For Neonatal Abstinence Syndrome:

Type of hospitalization ①

Identify all confirmatory test(s) ordered for the patient (select all that apply) ②

Hair ②a   Urine ②b   Meconium ②c   Umbilical cord ②d   Other ②e   Specify ②f

Does the patient have clinical signs consistent with NAS? ③

Are any other supportive elements for diagnosis present? (check all that apply) ④

Maternal history of substance abuse known to cause NAS ☐

Positive maternal screening test for substance abuse known to cause NAS ☐

Positive neonatal screening test for substance abuse known to cause NAS ☐

What is the source of the substance causing NAS, if known? (check all that apply) ⑤

Maternal supervised replacement therapy (prescription drug obtained with prescription) ☐

Maternal supervised pain therapy (prescription drug obtained with a prescription) ☐

Maternal therapy for psychiatric or neurological condition (prescription drug obtained with a prescription) ☐

Maternal use of prescription substance obtained without a prescription ☐

Prescription drug used without prescription ⑤a

Benzodiazepine ☐   Carisoprodol ☐   Fentanyl ☐   Hydrocodone ☐   Morphine ☐   Oxycodone ☐   Tramadol ☐

Other ☐   If other, specify:

Maternal use of non-prescription substance ☐

Maternal use of non-prescription substance ⑤b

Methamphetamine ☐   Cocaine ☐   Heroin ☐   Marijuana ☐   MDMA/Ecstasy ☐   Synthetic cannaboid ☐

Other ☐   If other, specify:

Unknown exposure but clinically consistent with NAS ☐

Signs consistent with NAS (select this option only if no other options are selected) ☐

Was the mother's prescription history checked in the prescription drug registry (PDMP) ⑥

Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery? ⑦

Notes ⑧

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Type of hospitalization	Initial birth hospitalization - patient has never been discharged home from this hospital Transfer from birth facility - patient was born at another facility and transferred to this facility Readmission - patient was discharged home and readmitted to this facility This patient was diagnosed with NAS at an outpatient/non-hospital facility"	
2	Identify all confirmatory test(s) ordered for the patient. (select all that apply)		Sub-Header
2a	Hair	Pending Completed	
2b	Urine	Pending Completed	
2c	Meconium	Pending Completed	
2d	Umbilical cord	Pending Completed	
2e	Other	Pending Completed	
2f	Specify		If other is selected, please specify using this field
3	Does the patient have clinical signs consistent with NAS?	Yes No Unknown	
4	Are any other supportive elements for diagnosis present? (check all that apply)		Sub-Header
	Maternal history of substance abuse known to cause NAS		
	Positive maternal screening test for substance abuse known to cause NAS		
	Positive neonatal screening test for substance abuse known to cause NAS		
5	What is the source of the substance causing NAS, if known? (check all that apply)		Sub-Header
	Maternal supervised replacement therapy (prescription drug obtained with prescription)		
	Maternal supervised pain therapy (prescription drug obtained with a prescription)		
	Maternal therapy for psychiatric or neurological condition (prescription drug obtained with a prescription)		
	Maternal use of prescription substance obtained without a prescription		
5a	Prescription drug used without prescription		Sub -Header
	Benzodiazepine Carisoprodol Fentanyl Hydrocodone Morphine Oxycodone Tramadol		Check all that apply if Maternal use of prescription substance obtained without a prescription is yes

	Other If other, specify:		
	Maternal use of non-prescription substance		
5b	Non-prescription drug used		Sub-Header
	Methamphetamine Cocaine Heroin Marijuana MDMA/Ecstasy Synthetic cannaboid Other If other, specify:		Check all that apply if Maternal use of non-prescription substance is yes
	Unknown exposure but clinically consistent with NAS		
	Signs consistent with NAS (select this option only if no other options are selected)	Emergency Medical Services Law Enforcement Other Health Care Professional Bystander / Layperson Other	
6	Was the mother's prescription history checked in the prescription drug registry (PDMP)	Yes No Unknown	
7	Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery?	Yes No Unknown	
8	Notes		Any relevant information in regards to this event 1000 Character limit

2. When all information has been entered into the form for a single observation, click on "Save" located in the upper right hand corner of the section, or "Cancel" to close the data entry form without saving the observation

3. When an observation has been saved, it will display in the Labs & Observations table. Cases will not be saved unless **at least one observation** has been entered into the table.

4. When reporting suspected overdoses or neonatal abstinence syndrome, users may only enter one record in the labs and observations table. If additional lab information is available, please enter this into the comments field.

Users may edit or delete existing labs & observations in the table by clicking on the edit icons located in the first column of the observation row. To edit the existing labs & observations row, click on the icon to expand the data entry form and edit the fields.

Click on "Save" to save all changes to the observation or "Cancel" to close the data entry form without saving changes to the observation.

To delete the existing labs & observations row, click on the icon. A dialog box will appear to confirm that the observation is to be deleted. Click on "OK" to delete the observation row or "Cancel" to return to the section without deleting the observation row.

Attachments

Overview

Various file types can be attached to a PHC for easy access and file storage.

Medical Examiners are encouraged to attach PROG report

File types that may be attached include the following:

Allowable File Types	File Extensions
Word Documents	.doc .docx
Excel Files	.xls .xlsx
PDF Files	.pdf
TIFF Image Files	.tiff

Attaching a document to a PHC
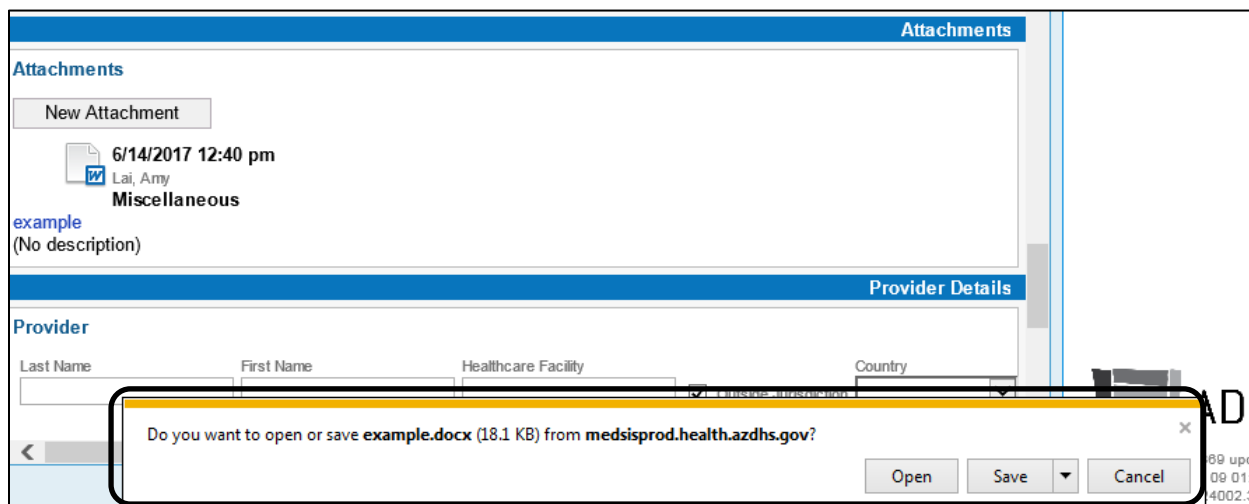
1a. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the "attachments" section or scroll through the case to the Attachments Section.

2a. Click on "New Attachment" and a pop up window will appear to allow users to attach files. Depending on the browser, users will either browse to find the file or "Drag & Drop" the file to attach.

3a. Select File Content Type(s)related to the attachment (select all that apply)

"Browse" attaching screen
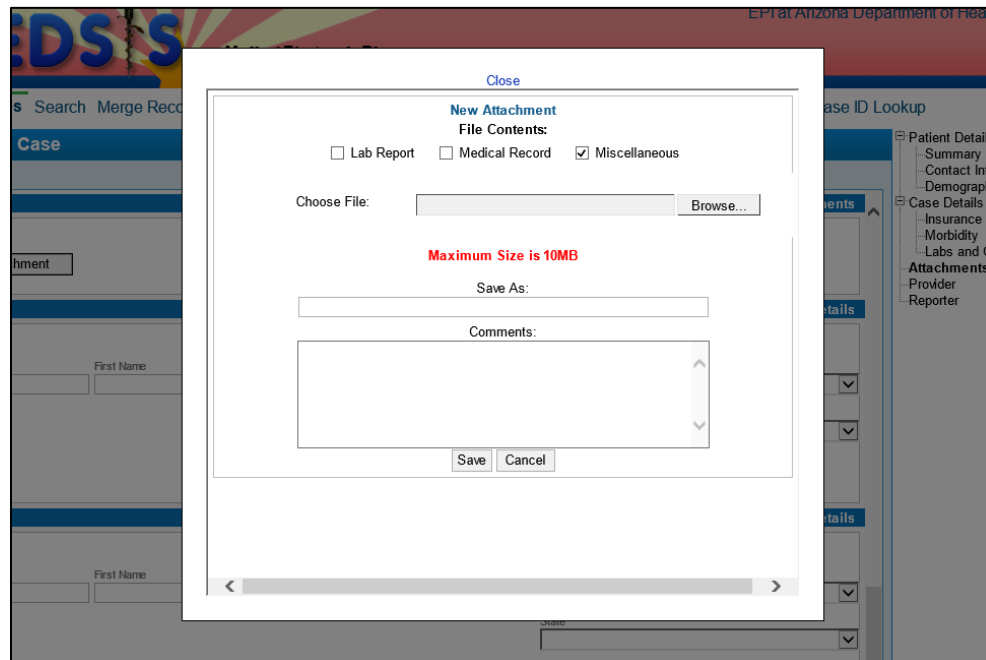
4a. Click on "Browse…" to choose a file to upload
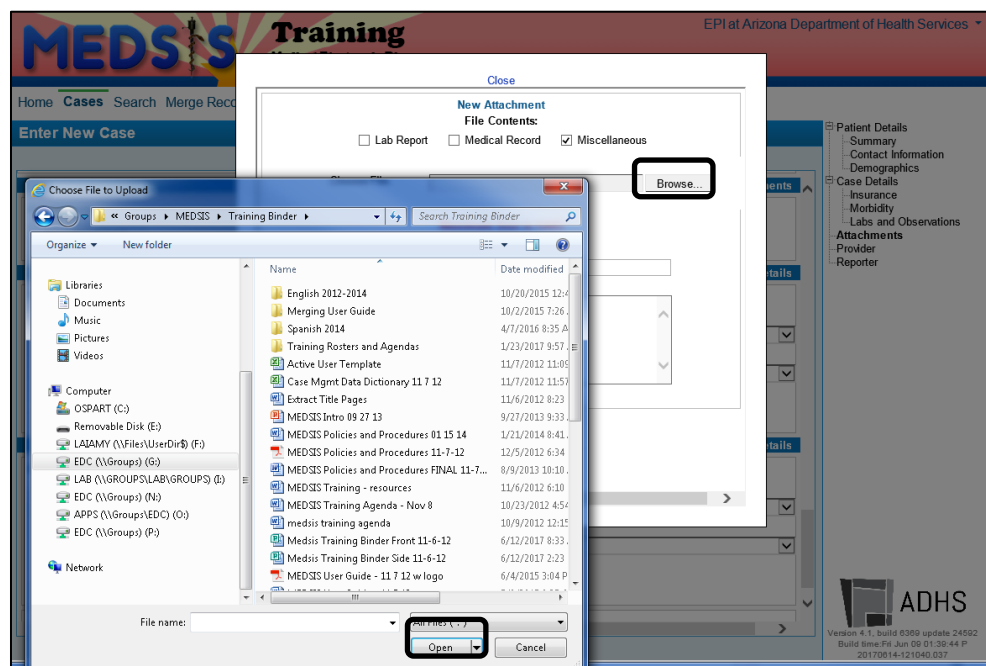
5a. Select the file to be attached to the PHC
6a. Click on "Open"

7a. The location of the file will now display in the "Choose File:" field.

Drag & Drop attaching screen

5b. Open up the folder and choose the file to be attached to the PHC.

6b. Drag the file to the "Drag & Drop" box and drop the file.

7b. The size and the file name will now display in the box.

8. Users may save the attachment with a different name by typing the new named into the "Save As" field.

9. The Comments text box may be used to describe the contents of the file

10. Click on "Save" to upload and attach the file to the PHC or "Cancel" to exit the attachment process without associating the file to the PHC
11. The attachment will now be displayed within the Attachments Section of the PHC.
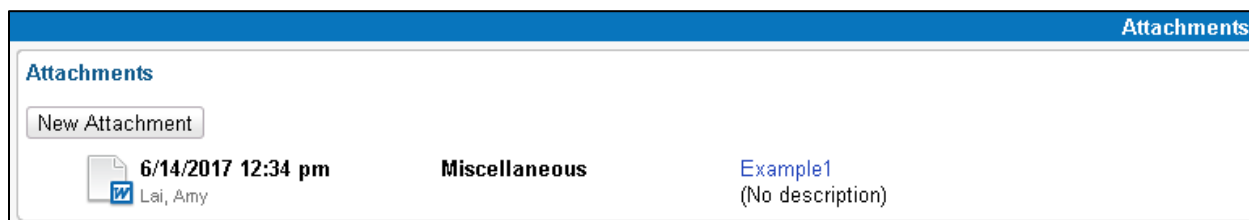
Opening an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the "Attachments" section or scroll through the case to the Attachments Section
2. Click on the File Icon or the File Name to download the attachment
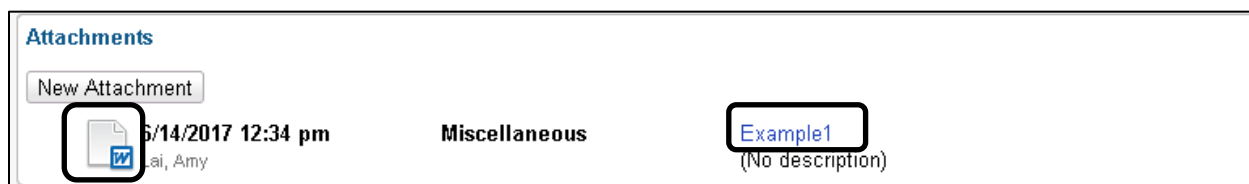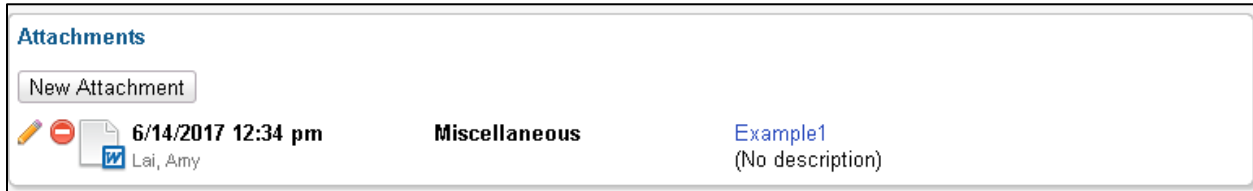
3. A dialog box will appear to allow for the file to be opened, saved, or cancel
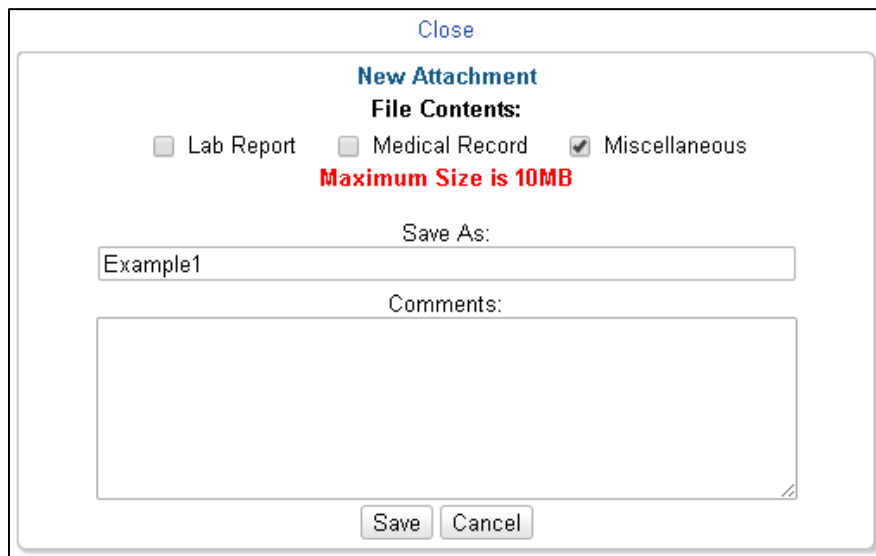
4. Click on "Open" to view the attachment without saving a file to the local drive. The Attachment will be opened in the respective applications (i.e. Microsoft Word, Microsoft Excel, etc.) Click on "Save" to save the file to the local drive.

Editing an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the "Attachments" section or scroll through the case to the Attachments Section

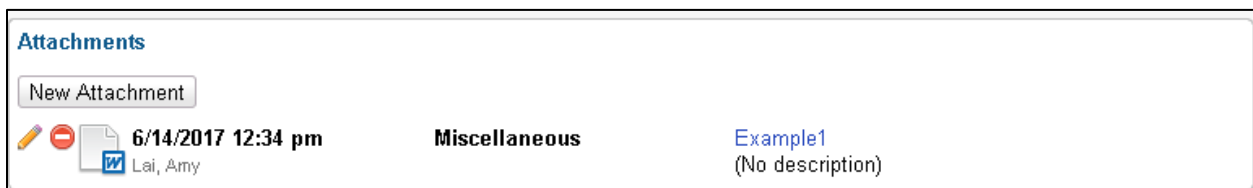2. Click on the icon to display the edit fields available for attachments

Attachments

[New Attachment]

6/14/2017 12:34 pm   **Miscellaneous**   Example1
Lai, Amy   (No description)

3. Edit information associated with the existing attachment

Close

New Attachment
File Contents:

☐ Lab Report   ☐ Medical Record   ☑ Miscellaneous
Maximum Size is 10MB

Save As:

Example1

Comments:

[Save] [Cancel]

4. Click on "Save" to save the changes made to the attachment or click on "Cancel" to return to the Attachments display without saving changes
5. Changes made to the attachment will be updated and viewable in the Attachment Section

Deleting an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the "Attachments" section or scroll through the case to the Attachments Section

2. Click on the icon to delete the attachment.

Attachments

[New Attachment]

6/14/2017 12:34 pm   **Miscellaneous**   Example1
Lai, Amy   (No description)

3. A dialog box will appear to confirm the deletion of the attachment from the PHC
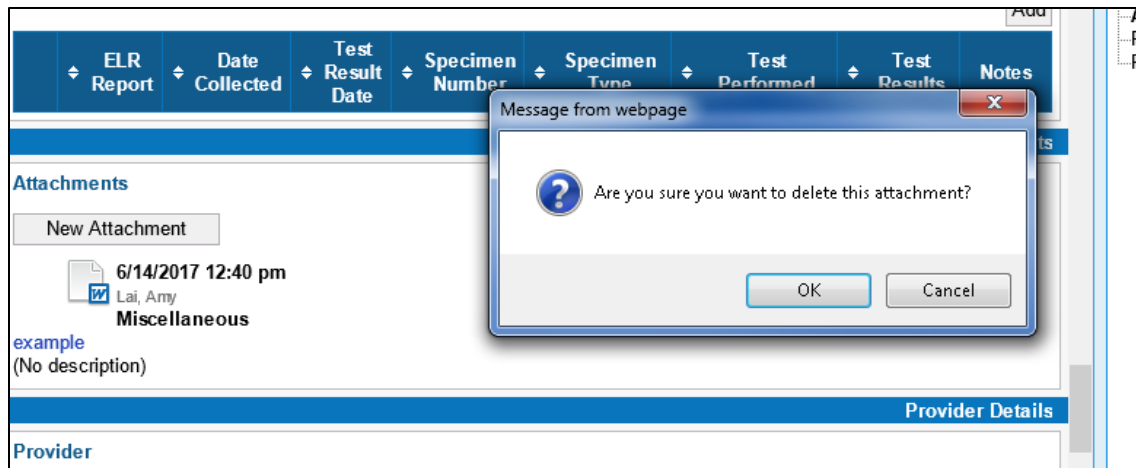
4. Click on "OK' to delete the attachment from the PHC of "Cancel" to return to the Attachment edit fields without deleting the attachment
5. Deleted attachments will no longer be visible in the Attachment Section

Deleted attachments cannot be retrieved. If an attachment is accidentally deleted, the user will need to re-attach the file.

Provider

The "Provider" is the health care worker who diagnoses and/or provides medical care for the case-patient with the reportable disease or conditions. To search for a provider, enter known provider information into the Provider search fields

Order	Field Name	Comments
1	Provider Last Name	
2	Provider First Name	
3	Healthcare Facility	Name of healthcare facility associated with the provider
4	Outside Jurisdiction Checkbox	This checkbox allows users to search for providers and healthcare facilities located outside of their facility. Checking this box allows for a wider search within the system.
5	Country	
6	State	

Click on "Search" to bring up search results matching the search criteria. Search results will display in a pop up window. Search criteria entered by the user will display on the top of the Provider Search Result window. Two search results will appear; the first list displays healthcare providers and associated healthcare facilities and the second list displays healthcare facilities that match the search criteria.

To select a provider, click on the ⊕ icon located to the left of the Healthcare Provider. If a provider is not listed in the search results, the user may add a new provider.

If the healthcare facility is known for a new provider, the user may add a new provider to a facility by selecting from an option in the second search results list. Once a healthcare facility has been selected, a "Create new provider" screen will appear with the Healthcare Facility information auto-populated into the relative fields.

Users may enter information into the "Create new provider" data entry form for the following fields:

Order	Field Name	Comments
1	Provider Last Name	*REQUIRED FIELD*
2	Provider First Name	
3	Provider Phone	
4	Provider E-mail	

Click on "Save" to complete the new provider entry for an existing healthcare facility or "Cancel" to return to the New Case Entry Form without associating a provider to the form

Once saved, the new provider will be associated with the case.

If the provider associated is incorrect, users may change the provider by clicking on "Change Provider" and returning to the Provider Search Fields.

If the healthcare provider AND facility do not display within the search results, users may enter a new provider and new healthcare facility by clicking on "New Provider" between the two search result lists to display the "Create new provider" data entry form.

Users may also return to the Provider Search Fields in the New Case Entry Form by clicking on "New Search"

Users may enter provider information into the following fields:

Order	Field Name	Comments
1	Provider Last Name	*REQUIRED FIELD*
2	Provider First Name	
3	Provider Phone	
4	Provider E-mail	
5	Provider Organization	Name of healthcare facility associated with the provider
6	Provider Organization Street Address	Street address of healthcare facility associated with the provider
7	Provider Organization Unit	Unit of healthcare facility associated with the provider
8	Provider Organization City	City of healthcare facility associated with the provider
9	Provider Organization State	State of healthcare facility associated with the provider
10	Provider Organization Zip Code	Zip Code of healthcare facility associated with the provider
11	Provider Organization Country	Country of healthcare facility associated with the provider

Click on "Save" to complete the new provider entry for a new healthcare facility or "Cancel" to return to the Provider Search Fields without associating a provider to the New Case Entry Form. Once saved, the new provider and healthcare facility will be associated with the form.

> Report Date is an editable field and is defined as the date that the provider reported the case to local public health. This date is automatically populated with the date the New Case is entered but may be edited to an earlier date if necessary.

Reporter

The Reporter is the person who reports the public health case (PHC) to the public health. Examples of reporters include but are not limited to hospital infection preventionists, providers, and laboratories.

A Reporter must be associated with the PHC in order to save the case. The Reporter section is automatically populated with the user's information entering the PHC. The Reporting Organization should reflect the organization for which the user is reporting on behalf of. The Reporting Person should reflect user's name and work contact information. Users cannot edit information within the Reporter Section.

1. The Report Date is automatically defaulted to the date the case is entered into MEDSIS

Reporting a Public Health Case

1. Click on "Continue" at the bottom of the new case data entry form. Click on "Cancel" to return to the Cases screen without saving or reporting the case to public health

2. A New Case CDR Preview will be visible on the screen

3. After review of the CDR, users may choose to Edit, Cancel, or Report the PHC to Public Health

Order	Button Name	Description
1	Edit	User will return to the New Case Entry data form to edit any information
2	Cancel	User will return to the Cases screen without saving the PHC
3	Report Case	The case will be reported to the local health organization

4. Click on "Report Case"

5. A dialog box will appear to confirm that the case has been reported along with additional options.

> **Case has been successfully created.**
>
> **MEDSIS ID:** 17-2799047
> **Patient Name:** Example, Case
>
> [Enter another case for this patient]
>
> [Enter a case for a different patient]
>
> [View CDR]
>
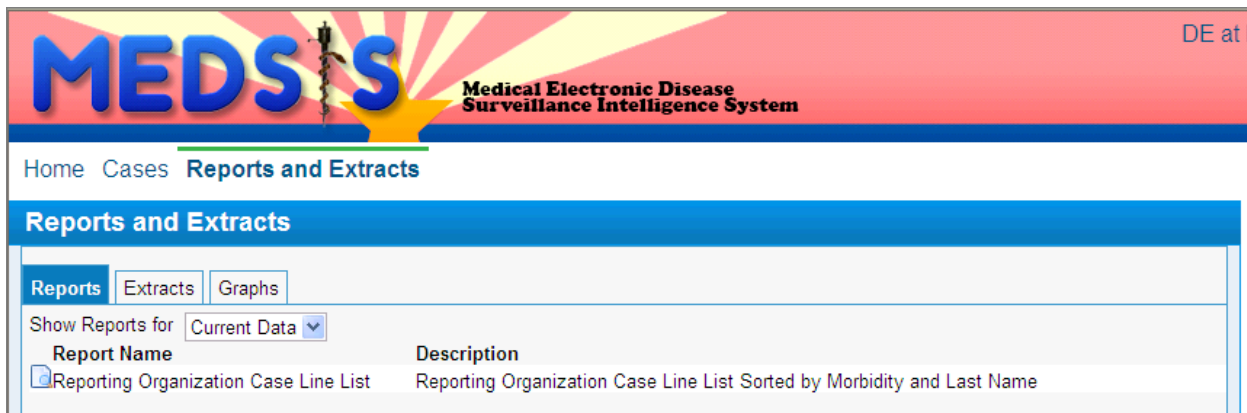> [Return to Cases screen]

Users may select from the following options:

a. Enter another case for this patient
b. Enter a case for a different patient
c. View CDR
d. Return to Cases screen

6. Reported PHCs are not editable by healthcare users. If users would like to change or edit a reported PHC, users should contact the local public health organization that owns the case or submit a request to the MEDSIS Help Desk (medsishelpdesk@siren.az.gov)

Reporting or urgent situations (such as detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.
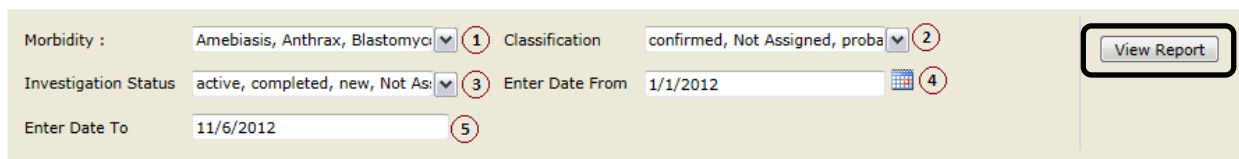
Reports

Generating Reports

1. Click "Reports & Extracts" at the top of the screen to enter the Reports & Extracts page
2. Click on the "Reports" tab to bring up a list of available reports

3. Click on the icon to the left of the report name to select a report to generate
4. A pop up window will display with a report generated. Users are able to enter filter criteria to narrow the results generated in the reports.

Order	Filter Name	Description
1	Morbidity	Can choose one or many
2	Classification	Can choose one or many
3	Investigation Status	Can choose one or many
4	Enter Date From	Specifies beginning date for cases included in the report (based on the date the case was entered)
5	Enter Date To	Specifies end date for cases included in the report (based on the date the case was entered)

5. Once filter criteria have been chosen, click on "View Report" to generate the report

Exporting Reports

Reports can be exported and saved as several different file types or printed from within the Reports screen

1. While in the Report, click on the icon to open a drop down list of file type options. Reports can be exported as any one of the following file types:

Order	File Type	Description	File Extension
1	CSV	Comma Delimited	.csv
2	PDF	Portable Document Format	.pdf
3	Excel	Microsoft Excel File	.xls
4	TIFF	Tagged Image File Format	.tiff
5	TXT	Tab Delimited Text File	.txt

2. Click on the desired file type to export the report

3. A dialog box will appear asking the user to open or save the file

4. Click on "Open" to view the file without saving, "Save" to save the file to a local location, or "Cancel" to return to the report viewer without exporting the file

Appendix A

Provider Reportable Communicable Disease List (http://azdhs.gov/phs/oids/pdf/rptlist.pdf)

Arizona Administrative Code✦ Requires Providers To:

Report Communicable Diseases
to the Local Health Department

☐✱O Amebiasis	☐ Hantavirus infection	☐✱O Salmonellosis
☎ Anthrax	☎ Hemolytic uremic syndrome	O Scabies
☐ Aseptic meningitis: viral	☐✱O Hepatitis A	☎ Severe acute respiratory syndrome
☐ Basidiobolomycosis	☐ Hepatitis B and D	☐✱O Shigellosis
☎ Botulism	☐ Hepatitis C	☎ Smallpox
① Brucellosis	☐✱O Hepatitis E	☐ Streptococcal Group A: invasive disease
☐✱O Campylobacteriosis	☐ Herpes genitalis	☐ Streptococcal Group B: invasive disease in infants younger than
☐ Chagas disease (American trypanosomiasis)	☐ HIV infection and related disease	90 days of age
☐ Chancroid	① Influenza-associated mortality in a child	☐ *Streptococcus pneumoniae* (pneumococcal invasive disease)
☐ Chlamydia infection, sexually transmitted	☐ Kawasaki syndrome	☐ Syphilis
①✱ Cholera	☐ Legionellosis (Legionnaires' disease)	☐✱O Taeniasis
☐ Coccidioidomycosis (valley fever)	☐ Leptospirosis	☐ Tetanus
☐ Colorado tick fever	☎ Listeriosis	☐ Toxic shock syndrome
O Conjunctivitis: acute	☐ Lyme disease	☐ Trichinosis
☐ Creutzfeldt-Jakob disease	☐ Lymphocytic choriomeningitis	① Tuberculosis, active disease
☐✱O Cryptosporidiosis	☐ Malaria	① Tuberculosis latent infection in a child 5 years of age or younger
☐ *Cyclospora* infection	☎ Measles (rubeola)	(positive screening test result)
☐ Cysticercosis	☎ Meningococcal invasive disease	☎ Tularemia
☐ Dengue	① Mumps	☎ Typhoid fever
O Diarrhea, nausea, or vomiting	☎ Pertussis (whooping cough)	① Typhus fever
☎ Diphtheria	☎ Plague	☎ Unexplained death with a history of fever
☐ Ehrlichiosis and Anaplasmosis	☎ Poliomyelitis	① Vaccinia-related adverse event
☎ Emerging or exotic disease	☐ Psittacosis (ornithosis)	☎ Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
① Encephalitis, viral or parasitic	① Q fever	☎ Vancomycin-resistant *Staphylococcus epidermidis*
☎ Enterohemorrhagic *Escherichia coli*	☎ Rabies in a human	☐ Varicella (chickenpox)
☎ Enterotoxigenic *Escherichia coli*	☐ Relapsing fever (borreliosis)	☐✱O *Vibrio* infection
☐✱O Giardiasis	☐ Reye syndrome	☎ Viral hemorrhagic fever
☐ Gonorrhea	☐ Rocky Mountain spotted fever	☐ West Nile virus infection
☐ *Haemophilus influenzae*: invasive disease	①✱ Rubella (German measles)	☎ Yellow fever
☐ Hansen's disease (Leprosy)	① Rubella syndrome, congenital	☐✱O Yersiniosis

☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

✱ If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.

① Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.

☐ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.

O Submit a report within 24 hours after detecting an outbreak.

http://www.azdhs.gov/phs/oids/reporting/providers.htm

✦A.A.C. R9-6-202
Effective 04/01/2008

Appendix B

Clinical Laboratory Reportable Communicable Disease List (http://azdhs.gov/phs/oids/pdf/labrptlist.pdf)

Reports should be sent to:
Arizona Department of Health Services
Infectious Disease Epidemiology
150 North 18th Avenue, Suite 140
Phoenix, AZ 85007
602-364-3676 or 602-364-3199 (fax)

ARIZONA LABORATORY REPORTING REQUIREMENTS

Isolates should be sent to:
Arizona State Laboratory
250 North 17th Avenue
Phoenix, AZ 85007

⓵	Arboviruses	⌧✽	*Haemophilus influenzae*, other, isolated from a normally sterile site	⌧	*Plasmodium* spp.
⌂☎✽	*Bacillus anthracis*	⌧	Hantavirus	⌧	Respiratory syncytial virus
☎✽	*Bordetella pertussis*	⌧¹	Hepatitis A virus (anti-HAV-IgM serologies)	☎+	Rubella virus and anti-rubella-IgM serologies
⓵✽	*Brucella* spp.	⌧¹	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)	⓵✽	*Salmonella* spp.
⓵✽	*Burkholderia mallei* and *B. pseudomallei*	⌧¹	Hepatitis C virus	☎	SARS-associated corona virus
⌧	*Campylobacter* spp.	⌧¹	Hepatitis D virus	⓵✽	*Shigella* spp.
⌧	CD₄-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD₄-T-lymphocyte percentage of total lymphocytes of less than 14%	⌧¹+	Hepatitis E virus (anti-HEV-IgM serologies)	✽	*Streptococcus* Group A, isolated from a normally sterile site
⌧	*Chlamydia trachomatis*	⌧	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	⌧	Streptococcus Group B, isolated from a normally sterile site in an infant younger than 90 days of age
⌂☎	*Clostridium botulinum* toxin (botulism)	⌧	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	⌧✽	*Streptococcus pneumoniae* and its drug sensitivity pattern, isolated from a normally sterile site
⌧	*Coccidioides* spp., by culture or serologies	⌧	Influenza virus	⌧	*Treponema pallidum* (syphilis)
⓵	*Coxiella burnetti*	⌧✽	*Legionella* spp. (culture or DFA)	⌧	*Trypanosoma cruzi* (Chagas disease)
⌧	*Cryptosporidium* spp.	⓵✽	*Listeria* spp., isolated from a normally sterile site	⓵✽	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
⓵	*Cyclospora* spp.	☎+	Measles virus and anti-measles-IgM serologies	⓵✽	Vancomycin resistant *Staphylococcus epidermidis*
⌧	Dengue virus	⌧²	Methicillin-resistant *Staphylococcus aureus*, isolated from a normally sterile site	⌂☎	Variola virus (smallpox)
⌂☎	Emerging or exotic disease agent	⓵+	Mumps virus and anti-mumps-IgM serologies	⓵✽	*Vibrio* spp.
⌧	*Entamoeba histolytica*	⌧✽³	*Mycobacterium tuberculosis* complex and its drug sensitivity pattern	⌂☎	Viral hemorrhagic fever agent
⓵	*Escherichia coli* O157:H7	⌧	*Neisseria gonorrhoeae*	⌧	West Nile virus
⓵✽	*Escherichia coli*, *Shiga*-toxin producing	☎+	*Neisseria meningitidis*, isolated from a normally sterile site	⓵✽	*Yersinia* spp. (other than *Y. pestis*)
⌂☎✽	*Francisella tularensis*	⌧	Norovirus	⌂☎✽	*Yersinia pestis* (plague)
☎✽	*Haemophilus influenzae*, type b, isolated from a normally sterile site				

⌂   Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
☎   Submit a report within 24 hours after obtaining a positive test result.
⓵   Submit a report within one working day after obtaining a positive test result.
⌧   Submit a report within five working days after obtaining a positive test result or a test result specified on this page.
✽   Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
+   For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
1   When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.
2   Submit a report only when an initial positive result is obtained for an individual.
3   Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.

http://www.azdhs.gov/phs/oids/reporting/labs.htm

A.A.C. R9-6-204
Effective 04/01/2008

Appendix C

Health Services Portal User Agreement

For expedited approvals, please send signed user agreements to the HSP Help Desk at helpdesk@siren.az.gov or by fax to 602-364-3681 with the subject/attn. line of: **MEDSIS Overdose Reporting**

Usernames and passwords will be sent directly to the user and all communications will include local MEDSIS liaisons.

ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Arizona Health Services Portal User Agreement
Health and Wellness for all Arizonans

WARNING

The Arizona Health Services Portal Environment has been developed in conjunction with the statewide plan for information technology as set forth in A.R.S. § 41- 3504 (A) (1)). It is a component of the State of Arizona's Health Services Information Technology Services, which may be accessed and used only for official business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. As a State owned system, there is no right to privacy on this system. All information on this system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations

Terms of the Agreement

The terms of this Agreement shall become effective upon signature and shall remain in effect for two years after the date of signature. Arizona Health Services Portal (AHSP) users will be required to renew the AHSP Agreement on a bi-yearly basis.

Background

AHSP is a secure electronic communication facilities system that is designed to host a series of web based applications, enabling local, state, federal, and international public health preparedness partners to share information and preliminary data on recent outbreaks and other health events in a rapid and secure environment.

Security Requirements on the Arizona Health Services Portal

a. User will need to change password once received.
b. User will be required to change their password every 60 days.
c. User will be required to renew the AHSP Agreement on a bi-yearly basis.
d. User will be limited to three (3) log-in attempts before losing access.
e. User will need to contact the Helpdesk at helpdesk@siren.az.gov to regain access.
f. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any unauthorized release of personally identifying information.
g. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any changes in job position, responsibilities or no longer need access.
h. User will not leave the computer unattended when logged on to the AHSP.

Agreement Provisions

The Arizona Department of Health Services Department has a duty pursuant to A.R.S. § 41-4172 to develop and establish commercially reasonable procedures to ensure the security of personal identifying information.

In consideration of the Department's duty to ensure the security of personal identifying information and my responsibilities as AHSP user, and in recognition of the potential harm or discomfort that could be caused by the release of sensitive, provisional, and personal information obtained from within the AHSP, I agree to the following provisions:

a. To adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules as defined in 45 C.F.R. Parts 160 and 164.
b. To cooperate with the Arizona Department of Health Services in the course of performance of the Agreement so that both parties will be in compliance with HIPAA.
c. Not to share my AHSP information (i.e. USER ID and Password) with others or to allow others to use my account to view information posted on AHSP.
d. To use any and all information posted on the AHSP solely for the purposes of public health or emergency preparedness and not for personal or commercial gain.
e. To avoid attempting to override or circumvent the security procedures related to the AHSP.
f. To prohibit the use of names of other AHSP users or their institutions in a way that misrepresents the source of information or implies endorsement of products or services without the permission of the contributing source.
g. To the use of my name and contact information in the AHSP's Public Health Directory that will be made available to all AHSP users, unless otherwise stated.

ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Medical Electronic Disease Surveillance Intelligence System (MEDSIS)

a. Only AHSP users trained by the Arizona Department of Health Services and/or a local health department representative may enter data into MEDSIS or have access to patient data in MEDSIS.

b. MEDSIS users will comply with the Arizona Administrative Code: R9-6-201 to 207 Responsibilities for Reporting (http://www.azsos.gov/public_services/Title_09/9-06.htm). Reporting through MEDSIS fulfills most reporting requirements of communicable diseases to the local health departments. Reporting of urgent situations (such as a detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.

c. MEDSIS users will comply with MEDSIS Policies and Procedures regarding the release of data to non-MEDSIS persons.

Confidentiality of data on the AHSP Applications

a. Human case information falls under HIPAA and A.R.S. §§ (36-661 to 669)

b. Unauthorized release of confidential information will result in immediate termination of access to Arizona Health Services Portal and its applications as well as notifying your facility Administrator and/or supervisor, and may result in administrative or criminal penalties.

I have reviewed and understand the above Agreement and the MEDSIS Policies and Procedures and agree to be bound by both with regards to my access and use of AHSP and MEDSIS. Furthermore, the Arizona Department of Health Services reserves the right to limit access for violation of the above Agreement or the MEDSIS Policies and Procedures.

☐ AHSP   ☐ PRISM   ☐ MEDSIS

_____

Organization Name

_____   _____

First & Last Name (Print)   Work Phone

_____

Work Email

_____   _____

Signature   Date